

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W		1/12/02
O.I.P.E. CLASSIFIER	V	6	2-6-02
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	W	64830	2-8

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 - - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/12/02
2	✓	✓	10/18/01
3	✓	✓	10/18/01
4	✓	✓	10/18/01
5	✓	✓	10/18/01
6	✓	✓	10/18/01
7	✓	✓	10/18/01
8	✓	✓	10/18/01
9	✓	✓	10/18/01
10	✓	✓	10/18/01
11	✓	✓	10/18/01
12	✓	✓	10/18/01
13	✓	✓	10/18/01
14	✓	✓	10/18/01
15	✓	✓	10/18/01
16	✓	✓	10/18/01
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18	✓	✓	10/18/01
19	✓	✓	10/18/01
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25	✓	✓	10/18/01
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28	✓	✓	10/18/01
29	✓	✓	10/18/01
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44	✓	✓	10/18/01
45	✓	✓	10/18/01
46	✓	✓	10/18/01
47	✓	✓	10/18/01
48	✓	✓	10/18/01
49	✓	✓	10/18/01
50	✓	✓	10/18/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

BEST AVAILABLE COPY

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